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R# 121238

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046776

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 501 Registrar's No. 3225

300
1-57

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL Length of stay in lb 54 DAYS 059 | | d. STREET ADDRESS (If outside, give location) 6013 PERHSING AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MAX Middle Last GUNTHER | | 4. DATE OF DEATH Month DECEMBER Day 9 Year 1958 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCTOBER 11, 1877 |
| 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 11. BIRTHPLACE (City and state or country) BROOKLYN, NEW YORK |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME MICHAEL GUNTHER | |
| 13b. MOTHER'S MAIDEN NAME DORA (MAIDEN NAME UNKNOWN) | | 14. NAME OF HUSBAND OR WIFE WIDOWED | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW | | 16. SOCIAL SECURITY NO. 1914121269 | 17. INFORMANT Address VA HOSPITAL RECORDS, JEFF BRKS, 25, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) RHEUMATIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X | | | INTERVAL BETWEEN ONSET AND DEATH Undetermined |
| 19. WAS AUTOPSY PERFORMED? YES XX NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 10-16-58 to 12-9-58 Death occurred at 10:00PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. OPPLER, M.D., Director Professional Services, VAH, Jeff. Brks, Mo. | | 22b. ADDRESS | |
| 22c. DATE SIGNED 12-10-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE 12/11/58 | | 23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol | |
| 23d. LOCATION (City, town, or county) St. Louis County | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar | | 25. DATE RECD. BY LOCAL REG. 12-10-58 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Peter B. Debraullo*

.....

..... Licensed Embalmer No. *3691*

P. O. Address *St. Louis, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.